

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. APR 19

APPLICANT(S) **09/446276**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	4					
3	1					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
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12	2					
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44	2					
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46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.						
TOTAL DEP.	53					
TOTAL CLAIMS	55					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						